

**PLANNING/PERMITS AND INSPECTION DIVISION**

Ornita Green, Director of Planning

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NEW COMMERCIAL OCCUPANT
(New commercial Business only)

Address of Business		Name of Proposed Business	
Legal Description	Zoning District	Subdivision (if any)	Name of Shopping Ctr.
Owner of Building	Mail Address	Zip	Phone
Name of Proposed Occupant (Tenant)	Mail Address	Zip	Business Phone
What name will the Electrical Service bill be in? (must be the exact name you have given to Electrical Provider)			
Type of Proposed Business (please be specific)		Occupancy Group	
Business Hours	Anticipated date of move-in	Number of employees	
Are you locating this business from another Missouri City Location? Yes or No (please circle one) Do you own other businesses?			
DESCRIBE BUSINESS IN DETAIL: (INCLUDE ALL ACTIVITIES)			
Applicant Printed Name		Applicant Contact Number	E-mail Address
Occupied Space Square Feet: _____		<u>FOR OFFICE USE ONLY:</u>	
Have you checked with Utility District for additional requirements ____ Yes ____ No		Rcvd By (PSR intl's) _____ Date _____	
Prior to issuance of a Certificate of Occupancy: general electrical/occupancy inspections must be approved to have Permanent electrical service.		Application Number _____	
I am aware that I must apply for and receive a sign permit before I erect any sign in Missouri City.		This is a conditional Certificate of Zoning Compliance	
I have received a copy of the sign ordinance.		Planning Approval _____ Date _____	
		Approval: Building Official _____ Date _____	
		Director of Planning _____ Date _____	
Applicant	Date		